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f	Complete it Known								
Fees pursuant to the Consolidated Appropriations Act, 2005 (H R 4818)				Application Number 10/533,398					
FEE TRANSMITTAL				Filing Date		April 30	, 2005		
For FY 2005				First Named In	ventor	Charles C. Hart			
Applicant claims small antibustatus, Sec. 27 CED 4.27				Examiner Nam	e	Neal, Timothy J.			
Applicant claims small entity status See 37 CFR 1 27				Art Unit 3731			-		
TOTAL AMOUNT OF PAYMENT (\$) 0.00			Attorney Docket No. 2395-USP-PCT-U			JS			
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify):									
Deposit Account Deposit Account Number: 01-2215  Deposit Account Name Applied Medical Resources Corporation									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayments of fee(s)									
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FEE CALCUL									
1. BASIC FILI	NG. SEARCH. A	ND EXAMINA	ATION FEES				1,000	,	
1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES									
Application	Type Fee (	Small Entit \$) Fee (\$)	<u>Y</u> Fee (\$	Small Entity Fee (\$)	Fee	<u>\$mali l</u> (\$) Fee		Fees Pa	aid (\$)
Utility	300		500	250	200	100	)		
Design	200	100	100	50	130	65	- 5 -		
Plant	200	100	300	150	160	) 80	) .		
Reissue	300		500	250	600				
Provisional	200	100	0	0	0	) (	) .		
2. EXCESS CLAIM FEES Small Entity									
Fee Obscription  Fach claim over 20 or for Reissues, each claim over 20 and more than in the original patent  50 25									
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100									
Multiple dependent claims 360 180									
Total Claims	പദ Extra C	laims Fee	<u> </u>	Paid (\$)	Multip	le Depend	ent Claims		
	0 or ===================================	X	=		<u>Fee</u>	<u> </u>	Fee Paid	<u>(\$)</u>	
HP = highest number of total claims paid for if greater than 20  Indep. Claims									
6 -3	or⊫4P = 0	x							
HP = highest number of independent claims paid for if greater than 3									
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)									
for each additional 50 sheets or fraction thereof See 35 U.S.C 41(a)(1)(G) and 37 CFR 1.16(s).									
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)									
100 = / 50 = (round <b>up</b> to a whole number) x =									
4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)									
Other:									
Outer									
SUBMITTED BY				Decision					
Signature	gnature Registra (Attorney)						stration No ney/Agent) 42,681 Telephone 9		
Name (Print/Type)	Patrick Y. Ikehara Date September 8, 2006								, 2006

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.